

# **Provider Portal**

## Preauthorization Training Material

**HPSJ's New Electronic Medical Management System –  
(the Enhanced DRE provider Portal)**

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# Portal New Request

To create a new authorization request, click on **New Request**

The screenshot displays the DRE portal interface. On the left is a blue sidebar with navigation links: My Home, New Request (highlighted with a red arrow), Search Requests (Created After Oct 1 2017), Search Requests (Created Before Oct 1 2017), Search Patients, Search Claims, Search PDRs, Search Providers, Search Formulary, Search Codes, Mail (0 new), Contact Us, Guidelines, and Help. The top header contains Settings, Print, and Logout icons. The main content area features an NCQA Accredited badge, a letter from Amy Shin, CEO and Lakshmi Dhanvanthari, CMO, a Provider Satisfaction Survey notification, and a Welcome Provider section with links to Member Roster, Provider Verification, and Data Validation Forms. A dropdown menu for Provider Request Inboxes shows 'Pabustan, Cesar C (Stockton Pediatric Medical Group Inc)'. A 'NEW' starburst and 'PROVIDER MANUAL' graphic are also present.

# Portal Find Member and Check Eligibility

Before an authorization can be created, you will first need to search for the patient.

Enter the search information in the required fields and click "Search".

If found, the member information will be displayed below the search dialog.

The Member's name is a hyperlink.

When you click on the hyperlink, you will begin creating a preauthorization for the selected member.

**Patient Search**

Member ID   Current Members Only

Last Name

First Name  [Multi-Patient Search](#)

Date of Birth M ▾ D ▾ Y ▾

SSN/Case#/Medicaid#/CMR#

**Patient Search**

Member ID   Current Members Only

Last Name

First Name  [Multi-Patient Search](#)

Date of Birth M ▾ D ▾ Y ▾

SSN/Case#/Medicaid#/CMR#

**Note:** A member who has not been assigned to a specific PCP as yet is designated as "PCP - Unselected" with provider ID 0000ZZ. This is no reflection of eligibility status. Please do not decline services based on this designation. Urge the member to call HPSJ Member Services Dept (209) 942-6320 to request a specific PCP assignment. (Note: PCP assignment requests must be made by the member.)

Member ID	Name	DOB	Sex	LOB	Copay				Elig
					OFC	ER	RX	HOSP	
<input type="text"/>	<input type="text"/>	<input type="text"/>	Female	Medi-Cal	\$0	\$0/\$0	\$0/\$0	\$0	YES

# Portal Select Member and Classification

This is where you will start entering the information needed in order to make a determination for your authorization request.

**Step 1: Select a member and classification.**

Fields in **bold** are required.

**Submitted By:**

**Auth Class:**

**Auth Sub-Class:**

**Member:** ██████████

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The following authorizations were created for ██████████ during the past year.

**FILTER RESULTS**

Auth Number	Sub Class	Type	Service Provider	Service Date	Auth Status
▶ <a href="#">R</a> <span style="background-color: black; color: black;">██████████</span>	Physical Therapy	PRE		9/20/2017	Auth Received


[CONTINUE](#)

---

**Step 2:** Complete detail fields.

**Step 3:** Attach supporting documentation.

**Step 4:** View confirmation and PDF summary.

- The “Member” is automatically filled in by information that was entered in the Provider Portal.
- Select “Submitted By” and then select “DME”, “Inpatient”, “Outpatient” or “Pharmacy” for the Auth Class. Select Auth Sub-Class.
- To prevent duplicates, if any authorizations were submitted within the last 12 months for this member under the same Auth-class, they will generate below. Please check to make sure you are not submitting a duplicate request
- If needed, Click the  button to expand the line for more details.
- This also lets you verify that this authorization hasn’t already been previously submitted.
- Click “Continue”.

# Portal Complete Detail Fields

## Enter Provider Information

**Step 1:** Select a member and classification.

**Step 2:** Complete detail fields.

Fields in **bold** are required.

Member's PCP: [COMMUNITY MEDICAL CENTER KING \(NPI 1164586772\)](#)

**Requesting Provider:** [CESAR PABUSTAN, SAN JOAQUIN COUNTY SIGH \(NPI 1992726020\)](#)

MODIFY

Facility:

SEARCH

**Servicing Provider:**

SEARCH

**Diagnoses:** Code Description

No diagnoses have been added.

Add:   SEARCH

**Services:** Qty. Code Description

No services have been added.

Add:   SEARCH

**Dates of Service:**   to

**Priority:**


Additional Information:

0 of 2000 Characters Used, 2000 Remaining

SUBMIT AUTH REQUEST

**Step 3:** Attach supporting documentation.

**Step 4:** View confirmation and PDF summary.

- The requesting provider is the provider submitting request
- If necessary, the facility is where the service will be provided. Please do not put a provider name here.
- Servicing provider is the provider who will provide the service.
  - The requesting provider and servicing provider can be the same.
- **Only select Providers listed in black.** If they are in red, it means they have termed.
- We are required to notify every provider of every approval or denial so it is important to choose the correct provider.
- To select the Provider, click on the  button

# Portal Complete Detail Fields

Enter the Diagnosis Code(s) – ICD-10 Codes

**Step 1:** Select a member and classification.

**Step 2:** Complete detail fields.

Fields in **bold** are required.

Member's PCP: [COMMUNITY MEDICAL CENTER KING \(NPI 1164586772\)](#)

**Requesting Provider:** [CESAR PABUSTAN, SAN JOAQUIN COUNTY SIGH \(NPI 1992726020\)](#)

MODIFY

Facility:

SEARCH

**Servicing Provider:**

SEARCH

**Diagnoses:** Code Description

No diagnoses have been added.

Add:   SEARCH

**Services:** Qty. Code Description

No services have been added.

Add:   SEARCH

**Dates of Service:**   to

**Priority:** -- Select One --


Additional Information:

0 of 2000 Characters Used, 2000 Remaining

SUBMIT AUTH REQUEST

**Step 3:** Attach supporting documentation.

**Step 4:** View confirmation and PDF summary.

- Enter the code and click “Search.” Select the diagnosis code by click on the  button.

- You can also search by entering a description and then selecting the correct code, i.e. “Hypoxemia”, however it has to be an exact description.

- If the code matches exactly, it will automatically generate. If there are multiple options, a box will open up and you will need to select the correct code.

- You can enter up to 10 diagnosis codes per pre-authorizations.

If additional codes are needed, place in text box below in “Additional Information”

# Portal Complete Detail Fields

Enter the Procedure Code(s) – HCPCS/CPT Codes (The codes your are billing for)

**Step 1:** Select a member and classification.

**Step 2:** Complete detail fields.

Fields in **bold** are required.

Member's PCP: [COMMUNITY MEDICAL CENTER KING \(NPI 1164586772\)](#)

**Requesting Provider:** [CESAR PABUSTAN, SAN JOAQUIN COUNTY SJGH \(NPI 1992726020\)](#)  
 MODIFY

Facility:   
 SEARCH

**Servicing Provider:**   
 SEARCH

---

**Diagnoses:**

Code	Description
No diagnoses have been added.	
Add:	<input type="text" value="Enter a diagnosis code or part of the description."/> <input type="radio"/> SEARCH

---

**Services:**

Qty.	Code	Description
No services have been added.		
Add:	<input type="text" value="Enter a CPT/HCPCS code or part of the description"/> <input type="radio"/> SEARCH	

---

**Dates of Service:**   to

**Priority:**

---

**Additional Information:**

0 of 2000 Characters Used, 2000 Remaining

SUBMIT AUTH REQUEST

**Step 3:** Attach supporting documentation.

**Step 4:** View confirmation and PDF summary.

- If there is an exact match, the code will populate. If there are multiple results, a box will open up and you will need to select the correct code.
- You can only enter a code once, so if multiple items for a procedure are needed, enter the code once and the total number in the Quantity needed. For inpatient authorization requests, quantity equals number of days. Specify in the additional information box exactly what is needed. Quantity auto defaults to 1, so it is important to always check and update these.



# Portal Complete Detail Fields

Select Dates of Service, Priority and enter Additional Information

**Step 1:** Select a member and classification.

**Step 2:** Complete detail fields.

Fields in **bold** are required.

Member's PCP: [COMMUNITY MEDICAL CENTER KING \(NPI 1164586772\)](#)

**Requesting Provider:** [CESAR PABUSTAN, SAN JOAQUIN COUNTY SJGH \(NPI 1992726020\)](#)

MODIFY

Facility:

SEARCH

**Servicing Provider:**

SEARCH

---

**Diagnoses:**

Code	Description
No diagnoses have been added.	
Add:	<input type="text" value="Enter a diagnosis code or part of the description."/> <input type="radio"/> SEARCH

**Services:**

Qty.	Code	Description
No services have been added.		
Add:	<input type="text" value="Enter a CPT/HCPCS code or part of the description"/> <input type="radio"/> SEARCH	

---

**Dates of Service:**   to

**Priority:** -- Select One --

**Additional Information:**

0 of 2000 Characters Used, 2000 Remaining

**Step 3:** Attach supporting documentation.

**Step 4:** View confirmation and PDF summary.

- Select the Dates of Service, Priority and enter Additional Information.
- The auth will either be **“Standard/Routine”** or **“Urgent”** priority.
- Date of Service range reflects time frame for requested service. For example, MRI on 9/23/2017 to 9/23/2017.
- **To ensure timely notification enter FAX number in addition information text box.** Enter any other information that would be helpful to the reviewer in the. If the case is pended and will have to be reviewed, this information could help lead to a quicker decision.
- This is a free form text box, so enter as much information as you feel would be necessary. Don't hesitate to provide information - this will always result in better service from HPSJ.
- Click “Submit Auth Request”.

# Portal View Confirmation and PDF Summary

**Step 1:** Select a member and classification.

**Step 2:** Complete detail fields.

**Step 3:** Attach supporting documentation.

Fields in **bold** are required.

**Do you have supporting documentation to accompany this authorization request?**

**CONTINUE**

**Step 4:** View confirmation and PDF summary.

- Documentation is required for **EVERY** authorization
- Step 3, when yes is selected. It will ask you to submit by attachment or by fax. Select appropriate response
- Select **Yes** or **No** and then click **Continue**.

Need to put screen shot of selection type of documentation

# Portal Attach Supporting Documentation

**Step 1:** Select a member and classification.

**Step 2:** Complete detail fields.

**Step 3:** Attach supporting documentation.

**Step 4:** View confirmation and PDF summary.

Thank you for submitting your Procedures Request. It has been assigned Reference #R [REDACTED] with a status of "RECEIVED." Click the Print Summary button above to generate a printable version of the summary. Send this to the servicing provider with applicable supporting documentation.

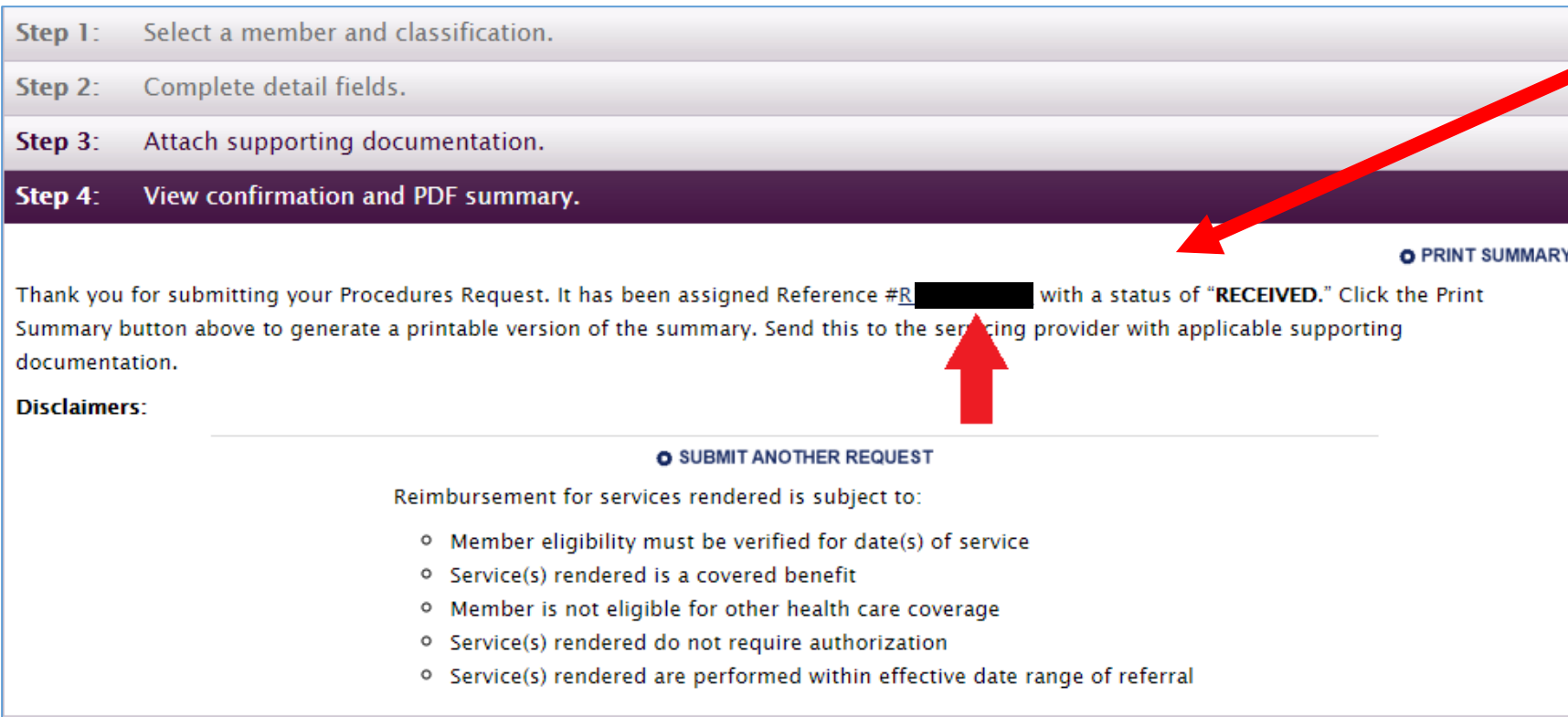
**Disclaimers:**

[PRINT SUMMARY](#)

[SUBMIT ANOTHER REQUEST](#)

Reimbursement for services rendered is subject to:

- Member eligibility must be verified for date(s) of service
- Service(s) rendered is a covered benefit
- Member is not eligible for other health care coverage
- Service(s) rendered do not require authorization
- Service(s) rendered are performed within effective date range of referral



- Once an authorization is submitted, a reference # is created. This number is unique to its particular request and can be used to reference this request.
- Having an reference number does not mean the request has been approved.
- By clicking on the Auth #, a summary window will open that can be exported or printed as a PDF for the patient's file.
- To Submit another request, click Submit Another Request

# Portal Check Authorization Status

- To check the status of an authorizations, login to the HPSJ Provider Portal
- For authorizations created prior to 10/1/17, click on “Search Requests Created Before Oct 1 2017”. These authorizations were created using our legacy(DRE) system.
- For authorizations created after 10/1/17, please click on “Search Requests Created After Oct 1 2017”.
- For post 10/1/17 authorizations, this will redirect you to Essette, where you can search for an auth.

**DRE**

Settings Print Logout

**My Home**

**New Request**

**Search Requests**  
Created After Oct 1 2017

**Search Requests**  
Created Before Oct 1 2017

Search Patients  
Search Claims  
Search PDRs  
Search Providers  
Search Formulary  
Search Codes

Mail (0 new)  
Contact Us  
Guidelines  
Help

**HEALTH PLAN OF SAN JOAQUIN**  
**NCQA**  
**ACCREDITED**

This accreditation from NCQA is especially gratifying in that it acknowledges both the quality of care that HPSJ offers to members through our network, as well as the hard work by all providers, together with HPSJ staff, to attain this level of unique national recognition.

We thank you for your true partnership and commitment working to ensure highest levels of health care for your patients who are our members and for our growing communities throughout Stanislaus and San Joaquin counties.

Sincerely,  
Amy Shin, CEO  
Lakshmi Dhanvanthari, CMO

**Provider Satisfaction Survey**

You should have recently received a request to complete a Provider Satisfaction Survey.

To better serve you, our partner, we ask that you take a few minutes to complete the survey.

Thank you for your ongoing support.

**Welcome Provider**

To view completed requests, just click one of the Provider names listed below. To create a new request, click the New Request link to the left. If you need any changes made to your account, or have any request pertaining to this website, please [E-Mail Us](#).

[Member Roster](#) | [Provider Verification](#) | [Data Validation Forms](#)

**Provider Request Inboxes**  
Pabustan, Cesar C (Stockton Pediatric Medical Group Inc)

**Health Plan of San Joaquin**  
**SJHA**  
San Joaquin Health Administration

**NEW**

**PROVIDER MANUAL**

# Portal Check Authorization Status

**Search Criteria**

You can only search for auths that you have submitted through the portal

Auth Number:

Member ID:

Member First Name:

Member Last Name:

Authorization Class: -- Display All --

Authorization Sub Class: -- Display All --

Authorization Status: -- Display All --

Created Date Range:  to


You can search by Auth #, Member ID, or Member Name. You can also search for a date range of auths.

Enter your information and click "Search".

**Search Results**

Displaying 2 authorizations that matched your search criteria.

Auth #	Member ID	Member	Class	Sub-Class	Type	Status	Requested
<a href="#">R [REDACTED]</a>	[REDACTED]	[REDACTED]	Outpatient	Procedures	Pre-Service	Approved with Modification	9/20/2017
<a href="#">R [REDACTED]</a>	[REDACTED]	[REDACTED]	Outpatient	Procedures	Pre-Service	Auth Received	9/26/2017



In the Search Results screen, the Auth # is a hyperlink that will open a summary of the request. Click on the "Auth #" for more information.

# Portal Check Authorization Status

Click on appropriate Authorization.  
Authorization Summary will appear

## Authorization Summary

Scroll down to “notes”. You will see “Approval Period” with dates

### Notes

Created	Created By	Category (Sub Category)	Note
10/5/2017 10:07 AM	Scarlet Bongcaron	*Approval Period	10/4/2017 - 1/4/2018